# COMMON APPLICATION FORM FOR INCOME SCHEMES

UTI Mutual Fund

PLEASE USE SEPARATE FORM FOR EACH SCHEME

Sr.No. 2015/

**(OCBs & US PERSONS INCLUDING QUALIFIED FOREIGN INVESTORS REGISTERED IN USA AND CANADA AND RESIDENTS OF CANADA ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)**

Registrar Sr. No.

**PLEASE FILL IN ALL COLUMNS IN CAPITAL LETTERS ONLY**

(PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER) **[Fields Marked with (*) must be Mandatorily filled in]**

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')

| ARN | Name of Financial Advisor | Sub ARN Code | Sub Code/ Bank Branch Code | M O Code | EUI No.@ | UTI RM No. | BDA / CA Code |
|---|---|---|---|---|---|---|---|
| ARN-91276 | Shailesh Sampat | | | | E088599 | | |

**Upfront commission shall be paid directly by the investor to the AMFI / NISM certified UTI MF registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.**

**@ I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned or notwithstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction. (☐ Please tick and sign below when EUIN box is left blank) (refer instruction 'v').**

Signature of 1st Applicant / Guardian | Signature of 2nd Applicant | Signature of 3rd Applicant

**TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR** (Please tick any one of the below) (Refer Instruction 'i')

☐ I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS
₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

OR

☐ I AM AN EXISTING INVESTOR IN MUTUAL FUNDS
₹ 100 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

**Existing Unit Holder information** Scheme Name: Folio Number:

**APPLICANT'S PERSONAL DETAILS** ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/s. * Denotes Mandatory Fields

**Name of First Applicant / Other Mentally Handicapped Persons (for UBF / MIS) and Adult Female Persons (For MUS)** (as appearing in ID proof given for KYC)

FIRST MIDDLE

LAST Date of Birth D D M M Y Y Y Y Mandatory for minors

**First Applicant's Address** (Do not repeat the name) **Name & Address of resident relative in India** (for NRIs) (P.O. Box No. is not sufficient)

Village/Flat/Bldg./Plot*

Street/Road/Area/Post

City/Town* State Pin*

***PAN OF 1st APPLICANT** (whose particulars are furnished in the form) **AADHAR CARD NO.**

Enclosed ☐ PAN Card Copy ☐ Know Your Customer (KYC)* Acknowledgement Copy Please (✓)

**OVERSEAS ADDRESS** (Overseas address is mandatory for NRI / FPI applicants in addition to mailing address in India)

City*

State Country* Zip/Pin*

**NAME IN FULL OF THE FATHER (OR) MOTHER/ GUARDIAN** (If Minor)$ / Contact Person And Designation - For Institutional Applicants / Alternate Applicant (in case of UBF / MIS / MUS)
☐ Mr. ☐ Ms. ☐ Mrs.

FIRST MIDDLE LAST

$ Proof of date of birth and proof of relationship with minor to be attached or else sign the declaration on the reverse ( Refer instruction f).

**OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT FOR NRIs**

☐ Applicant's address as mentioned above | ☐ At my Overseas address as mentioned above / ☐ To be despatched to my resident relative's address in India as given above

**DETAILS OF OTHER APPLICANTS**

**Name of 2nd Applicant** ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/s. Date of Birth of 2nd Applicant

FIRST MIDDLE LAST

***PAN of 2nd Applicant** **AADHAR CARD NO.**

Enclosed ☐ PAN Card Copy ☐ Know Your Customer (KYC)* Acknowledgement Copy Please (✓)

**Name of 3rd Applicant** ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/s. Date of Birth of 3rd Applicant

FIRST MIDDLE LAST

***PAN of 3rd Applicant** **AADHAR CARD NO.**

Enclosed ☐ PAN Card Copy ☐ Know Your Customer (KYC)* Acknowledgement Copy Please (✓)

**PAYMENT DETAILS** (Refer Instruction 'x')

#Cheque/DD/*NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash) ☐ Cash Account type (please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ DD issued from abroad

Account No.

Date Amt. of investment (i)

Bank DD Charges if any (ii)

Branch Net amount paid (i-ii)

Amt. in words

**# Please mention the application No. on the reverse of the cheque / DD, NEFT / RTGS advice. Cheque / DD must be drawn in favour of "The Name of the Scheme" & crossed "A/c Payee Only"**

*** Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.**

**BANK PARTICULARS OF 1ST APPLICANT (Mandatory as per SEBI Guidelines)**

| | | |
|---|---|---|
| Bank Name | | Branch |
| Address | | MICR Code (this is a 9-digit number next to your cheque number) |
| | City Pin* | |
| Account type (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE | | IFS Code (this is a 11-digit number) |
| Account No. | | |

**INVESTMENT DETAILS (FOR "DIRECT PLAN" PLEASE TICK HERE ☐ & TICK SCHEME, PLAN/OPTION / SUB-OPTION GIVEN BELOW) (Refer Instruction 'j')**

☐ **UTI-CRTS**

☐ **UTI-GILT ADVANTAGE FUND-LTP** ◯ Growth ◯ Dividend Payout ◯ Dividend Reinvestment (Default-Growth Option/Plan)

☐ **UTI-MAHILA UNIT SCHEME** ◯ Growth ◯ Dividend Payout ◯ Dividend Reinvestment (Default-Growth Option/Plan)

☐ **UTI-MONTHLY INCOME SCHEME** ◯ Growth ◯ Dividend Payout ◯ Dividend Reinvestment (Default-Growth Option/Plan)

☐ **UTI-G-SEC FUND-STP** ◯ Growth ◯ Daily Dividend Reinvestment ◯ Periodic Dividend Payout ◯ Periodic Dividend Reinvestment (Default-Growth Option)

☐ **UTI-MIS-ADVANTAGE PLAN** ◯ Growth Plan ◯ Monthly Div. Plan Payout ◯ Monthly Div. Plan Reinvestment ◯ Flexi Div. Plan Payout ◯ Flexi Div. Plan Reinvestment ◯ Monthly Payment Plan (Default-Growth Plan)

☐ **UTI-BANKING & PSU DEBT FUND** ☐ **UTI-INCOME OPPORTUNITIES FUND** ☐ **UTI-SHORT TERM INCOME FUND**

◯ Growth ◯ Monthly Div. Payout ◯ Monthly Div. Reinvestment
◯ Quarterly Div. Payout ◯ Quarterly Div. Reinvestment ◯ Half Yearly Div. Payout
◯ Half Yearly Div. Reinvestment ◯ Annual Div. Payout ◯ Annual Div. Reinvestment
◯ Flexi Div. Payout ◯ Flexi Div. Reinvestment (Default-Growth Option/Sub Option except for UTI-STIF where the default is Qtly. Div. Sub Option)

☐ **UTI-BOND FUND** ☐ **UTI-DYNAMIC BOND FUND**

◯ Growth ◯ Quarterly Div. Payout ◯ Quarterly Div. Reinvestment
◯ Half Yearly Div. Payout ◯ Half Yearly Div. Reinvestment ◯ Annual Div. Payout
◯ Annual Div. Reinvestment ◯ Flexi Div. Payout ◯ Flexi Div. Reinvestment (Default-Growth Option)

☐ **UTI-FLOATING RATE FUND-STP** ☐ **UTI-LIQUID CASH PLAN** ☐ **UTI-MONEY MARKET FUND** ☐ **UTI-TREASURY ADVANTAGE FUND**

◯ Growth ◯ Daily Div. Reinvestment ◯ Weekly Div. Payout[&&]
◯ Weekly Div. Reinvestment ◯ Fortnightly Div. Payout ◯ Fortnightly Div. Reinvestment
◯ Monthly Div. Payout ◯ Monthly Div. Reinvestment ◯ Quarterly Div. Payout
◯ Quarterly Div. Reinvestment ◯ Half Yearly Div. Payout ◯ Half Yearly Div. Reinvestment
◯ Annual Div. Payout ◯ Annual Div. Reinvestment ◯ Flexi Div. Payout
◯ Flexi Div. Reinvestment ◯ Bonus Option[&&&]
(Default-Growth Option under UTI-FRF & UTI-MMF)
(Default-Daily Div. Reinvestment under UTI-LCP & UTI-TAF)

**Please Note:**

&& Weekly Div. **Payout** Option **NOT** available under UTI-Liquid Cash Plan & UTI-Floating Rate Fund-STP
&&& Bonus Option available only under UTI-Treasury Advantage Fund
For Dividend Policy relating to various Options / Sub Options, please refer to SID.

☐ **UTI-FIXED MATURITY PLAN (Use separate form for each series)** ◇ **YEARLY SERIES (YFMP)** ◇ **HALF YEARLY SERIES (HFMP)** ◇ **QUARTERLY SERIES (QFMP)**

◯ Growth ◯ Dividend Payout ◯ Dividend Reinvestment (Default-Growth Option)

Cheque / DD should be drawn in favour of UTI-Fixed Maturity Plan – YFMP (mm/yy) / HFMP (mm/yy) / QFMP (mm/yy-Plan No.)

**Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary.**
**(Refer instruction q)**

| Category | ☐ Unlisted company | ☐ Partnership Firm | ☐ Unincorporated Association/Body of Individuals | ☐ Trust | ☐ Foreign Investor $$$ |
|---|---|---|---|---|---|
| Ownership per cent @@@ | >25% | >15% | >15% | >=15% | |

@@@ Ownership percentage of shares/capital/profits/property of juridical person/interest in the Trust as on the date of the application shall be furnished by the investor.

$$$ In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI/relevant Addendum.

In case of any change in the beneficial ownership, the investor will be responsible to intimate UTI AMC / its Registrar / KRA as may be applicable immediately about such change.

**Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)**

| Sr. No. | Name | Address | Details of Identity such as PAN / Passport | % of ownership |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

[Please attach self attested copy of PAN/Passport (proof of photo identity) along with application form]

Unitholding Option ☐ Demat Mode ☐ Physical Mode (Available under all scheme except UTI-CRTS, UTI-MUS & UTI-FMP)

**DEMAT ACCOUNT DETAILS** - Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant. Demat Account details are compulsory if demat mode is opted above

| National Securities Depository Limited | Depository Name _____<br>DP ID No. \| \| \| \| \| \| \| \| \| \| \| \| \| \| \| \|<br>Beneficiary Account No. \| \| \| \| \| \| \| \| \| \| \| \| \| \| \| \| | Central Depository Services (India) Limited | Depository Name _____<br>Target ID No. \| \| \| \| \| \| \| \| \| \| \| \| \| \| \| \| |
|---|---|---|---|

Enclosures : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

**FRIEND IN NEED DETAILS** (refer instruction - k) In case UTI MF is unable to communicate with me/us at my / our registered address, I / we authorize UTI MF to correspond with the following person to ascertain my/our updated contact details.

Name F I R S T M I D D L E L A S T

Address:

Relationship with the applicant (optional) Email Mobile

**GENERAL INFORMATION - Please (✓) wherever applicable**

**STATUS:**
☐ Resident Individual ☐ Minor through guardian ☐ HUF ☐ Partnership ☐ Trust
☐ Sole Proprietorship ☐ Society ☐ Body Corporate ☐ AOP ☐ BOI
☐ FPI ☐ NRI ☐ Foreign Nationals## ☐ Listed Company
☐ Unlisted 'Not for Profit'^^ Company ☐ Other Unlisted Company
☐ Others (Please specify) _____

## OCBs & US persons including Qualified Foreign Investors registered in USA and Canada and residents of Canada are not allowed to invest in units of any of the schemes of UTI MF.
^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013).

**OCCUPATION:**
☐ Business ☐ Student ☐ Agriculture ☐ Self-employed ☐ Professional
☐ Housewife ☐ Retired ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service
☐ Forex Dealer ☐ Others (Please specify) _____

**MODE OF HOLDING:** ☐ Single ☐ Anyone or survivor ☐ Joint ☐ First holder or Survivor (for UTI MUS)

**MARITAL STATUS:** ☐ Unmarried ☐ Married ☐ Wedding Anniversary D D M M

**OTHER DETAILS (MANDATORY)**

**FOR INDIVIDUALS ONLY**

**1st Applicant:**
**(A) Gross Annual Income Details** Please tick (✓)
☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore
**[OR]**
Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date) D D / M M / Y Y Y Y

**(B) Please tick if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) (For definition of PEP, please refer instruction 'w').

**(C) Any other information:** _____

**2nd Applicant:**
**(A) Gross Annual Income Details**
☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore
**[OR]**
Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date) D D / M M / Y Y Y Y

**(B) Please tick if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

**(C) Any other information:** _____

**3rd Applicant:**
**(A) Gross Annual Income Details**
☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore
**[OR]**
Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date) D D / M M / Y Y Y Y

**(B) Please tick if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

**(C) Any other information:** _____

**FOR NON-INDIVIDUALS ONLY**

**(A) Gross Annual Income Details**
☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore
**[OR]**
Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date) D D / M M / Y Y Y Y

**(B) Is the entity involved in / providing any or the following services**
– Foreign Exchange / Money Changer Services ☐ YES ☐ NO – Gaming / Gambling/Lottery Services (e.g. casinos, betting syndicates) ☐ YES ☐ NO
– Money Lending / Pawning ☐ YES ☐ NO

**(C) Any other information:** _____

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UTI Mutual Fund

## ACKNOWLEDGEMENT
**(To be filled in by the Applicant)**

**Sr. No. 2015/**

**Received from Mr / Ms / M/s** _____

**An application under** _____ (scheme name)

**along with Cheque$/DD$/NEFT/RTGS Ref. No./Unique Serial No. (For Cash)** _____ dated _____

**Drawn on (Bank)** _____

**for ₹ (in figures)** _____

Stamp of UTI AMC Office/ Authorised Collection Centre

$ Cheques and drafts are subject to realisation.

## DETAILS UNDER FATCA/FOREIGN TAX LAWS (Refer Instruction 'y')

**(Information to be provided for all Individual Applicants in the same sequence of names as given in the Application Form. For Non-Individuals, please use separate prescribed form along with Annexures specified therein)**

Are you a tax resident of any country other than India ?

**If no**, please tick here ☐ (First Applicant) ☐ (Second Applicant) ☐ (Third Applicant)

**If yes**, please indicate all the countries in which you are resident for tax purposes and the associated Tax Reference Number(s) below:-

| Category | First Applicant (including Minor) | Second Applicant/Guardian | Third Applicant |
|---|---|---|---|
| Country of Birth | | | |
| Country of Citizenship | | | |
| # Country of Tax Residency 1 | | | |
| Tax Reference No.1 | | | |
| # Country of Tax Residency 2 | | | |
| Tax Reference No.2 | | | |
| # Country of Tax Residency 3 | | | |
| Tax Reference No.3 | | | |

# to include USA, where investor is a citizen / greencard holder of USA

## NOMINATION DETAILS (Please ✓) (please sign if you do not wish to nominate)

☐ I/We hereby nominate the undermentioned Nominee to receive the amounts to my / our credit in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC/ Mutual Fund / Trustee.

| Name and Address of Nominee | To be furnished in case nominee is a minor |
|---|---|
| Name | Name of the guardian |
| Date of Birth d d m m y y y y (in case of nominee is a minor) | Address of guardian |
| Address with pin code | Signature of Nominee / guardian (for minor) |

Investors who wish to nominate two or three persons may fill in the separate form prescribed for the same and attach it with this application form.

☐ I/We do not wish to nominate

Sign. here ➥

**Signature of 1st Applicant / Guardian** | **Signature of 2nd Applicant** | **Signature of 3rd Applicant**

## DECLARATION AND SIGNATURE OF APPLICANT/s

• I / We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum, addenda issued till date and apply to the Trustee of UTI Mutual Fund as indicated above. I / We agree to abide by the terms and conditions, rules and regulations of the scheme as on the date of investment. I / We undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant documents and procedural requirements. • I / We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments. • I/We hereby authorize UTI MF/UTI AMC to share my data furnished in the Form to my distributor and other service providers of the UTI MF for the purpose of servicing, issue of account statement/ consolidated statement of account etc and cross selling of products/schemes of the UTI MF. • The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. • I / We confirm that we are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO Account. I / We undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual Fund. (Applicable for NRIs) • I hereby solemnly declare that I am the father/mother/guardian of the minor child in whose name the application is made. The date of birth stated by me is true and correct. I do not have any documents in support of the date of birth and relationship with minor child. (Strike out if this declaration is not applicable)

➥

* Please send the Account Statement, Abridged Annual Report, Transaction confirmation, communication of change of address, change of bank details etc. through email only at the below email ID. **(If you wish to receive in physical form please tick ☐ )**

| | | | |
|---|---|---|---|
| **First Applicant Details** | **Mobile No.** | **Tel. (R)** STD CODE | **Tel. (O)** STD CODE |
| | ***E-mail** _____ | **Alternate E-mail** _____ | |

Sign. here ➥

**Signature of 1st Applicant / Guardian**
Name of 1st Authorised Signatory
Designation _____

**Signature of 2nd Applicant**
Name of 2nd Authorised Signatory
Designation _____

**Signature of 3rd Applicant**
Name of 3rd Authorised Signatory
Designation _____

**Notes :**

1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
2. Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
3. **Please ensure that all KYC Compliance Proof and PAN details are given, failing which your application will be rejected. PAN not applicable for Micro SIP.**
4. All communication relating to issue of Statement of Account, Change in name, Address or Bank particulars, Nomination, Redemption, Death Claims etc., may please be addressed to the Registrar :

   **M/s. Karvy Computershare Pvt. Ltd.:** Unit: UTIMF, Karvy Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500 032, **Board No:** 040-6716 2222, **Fax No.:** 040- 6716 1888, **Email:** uti@karvy.com